

**Certification of Need  
For Psychiatric Hospitalization  
("24-Hour Certificate")**

Patient: \_\_\_\_\_

Date of involuntary admission: \_\_\_\_\_

Time of involuntary admission: \* \_\_\_\_\_

In accordance with the provisions of 34-B M.R.S.A. § 3863(7), I hereby certify that:

1. I am a duly qualified: \_\_\_\_\_ physician  
\_\_\_\_\_ licensed clinical psychologist
2. I examined the above-named patient, who has been hospitalized at \_\_\_\_\_ pursuant to an application for emergency involuntary hospitalization (a "blue paper"), within 24 hours after the patient's admission.

The date of the examination was: \_\_\_\_\_

The time of the examination was: \_\_\_\_\_

3. I am not the examiner who certified the patient for emergency involuntary hospitalization prior to his or her admission.
4. In my opinion, the above-named patient is mentally ill.
5. In my opinion, the above-named patient poses a likelihood of serious harm due to mental illness.
6. In my opinion, adequate community resources are unavailable for care and treatment of the patient's mental illness.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\*Date and time of involuntary admission are the date and time at which the hospital begins holding the patient based on a blue paper.